



HIP Michigan

Administered by Physicians Health of Mid-Michigan

February 24, 2011

Presented by: Scott Wilkerson,
President and CEO, PHPMM



What is HIP Michigan?

- Affordable health coverage for uninsured Michigan residents with pre-existing medical conditions
- It is individual coverage available to residents of any age
- Offered through the temporary federal high-risk pool created by the Patient Protection and Affordable Care Act



Background

- \$5 billion federal program
- OFIR heavily involved and has been very supportive of process
- Contract with HHS
- Program started October 1, 2010
- Monthly contact with regulators
- Working on introducing new product options to improve affordability



Michigan Statistics

- HIP Michigan has:
 - Talked to more than 3,400 people about the high risk pool program in Michigan
 - Mailed over 1,800 applications to interested Michigan citizens
 - Reviewed over 900 applications and
 - Enrolled from 40 – 50 people per month
- February enrollment is approximately 160 members
- In 4th quarter 2010:
 - Premiums paid by members approximately \$62,000
 - Incurred medical costs of approximately \$660,000



How Can HIP Michigan Help Michigan?

- In February, 2011 it is an affordable option for more than 160 people in Michigan who need health care and who had problems obtaining health insurance.
- These individuals have had limited access to the health care system.
- It can reduce the cost of uncompensated care to providers and the impact on
 - Charity care
 - Uncollectible funds (bad debt)



How Does HIP Michigan Work?

- Funded partially by individual premiums which are subsidized
- Michigan's expected federal support is approximately \$141 million
- First-come, first-served
- Program ends Dec. 31, 2013
- We expect to serve over 3,000 members when the program reaches capacity



HIP Michigan Eligibility

- Michigan resident
- U.S. citizen or lawfully present
- Denied coverage due to a health condition
- Uninsured for 6 months



Comprehensive Coverage

- Offers the same benefits as other PHP commercial insurance plans:
 - Medical office visits
 - Prescription drug coverage
 - Emergency care
 - Hospital coverage
 - Home health care
 - Wellness services
 - Behavioral health services
 - Pregnancy coverage
 - Diabetes treatment, equipment and supplies




Extensive Provider Network

- Comprehensive network of Michigan physicians, hospitals and other providers:
 - Physicians, hospitals in PHP service area
 - GlobalCare: PPO network outside of PHP service area
- Provider search available at www.HIPMichigan.com
- Billing information is included on the HIP Michigan member ID card



HIP Michigan ID card

	
Rx Book 610014	
medco Rx Grp. PHPRX	
Plan Type: GRIP	Group Number: 18881431
Subscriber Number: 123456789	
Name(s)	Copays
Member, Sample	90
	OV: \$20
	OV Spec: \$30
	URGI: \$20
	ER: \$100

Enrollees: Review plan materials for a description of covered services and prior authorization requirements.

For information call: Customer Service at 877-459-3113

Providers:

Eligibility Verification: 877-459-3113

Prior Authorization: 866-203-0818

All medical and emergency advice: 866-203-0818

Prescription Drugs: Prior authorization call: 877-203-2300

This card does not prove identification for insurance purposes.

All contracted PIP providers
and Medical Claims:
Genetic: Fax ID: 37330
HIPAA: P.O. Box 387
Lafayette, Mississippi 39301-0387

Send all Medical claims to:
Genetic: Fax ID: 37330
HIPAA: P.O. Box 387
Lafayette, Mississippi 39301-0387

Date issued: 07/20/2015



Affordable Coverage

- Age-specific premiums
- Often less expensive than typical individual policies
- \$171.65/month for children to \$686.61/month for 60+
 - \$600 a month vs. potential \$25,000 a year or more for health care



- Outpatient Prescription Drug Products from the PHP Prescription Drug List are covered at Network Pharmacies. Mail Order Service is available.
 - Retail Copayment:
Tier 1 - \$10 Tier 2 - \$30 Tier 3 - \$50
- Low copays:
 - \$20 for primary care doctor
 - Preventive Services-100% covered, deductible waived
 - \$30 for a specialist
 - \$100 for emergency room visit - waived if admitted
- Annual deductible: \$1,000
- Total Out-of-Pocket Maximum for all covered services, including copays, will not exceed \$5,950



Qualifying Pre-existing Conditions

- The Pre-existing condition list is extensive and includes: CVA, heart disorders, diabetes, malignant tumor, Crohn's disease, liver disease, Alzheimer's, etc.
- The full listing can be found at HIPMichigan.com
- A health condition that caused a denial from a health insurer for coverage



- 30-day application process:
 - Complete application
 - Required documentation
 - First month payment received
 - Takes effect first day of following month if received by 15th day of previous month
 - Comprehensive information about HIP Michigan is available at 877-459-3113 or visit www.HIPMichigan.com for an application
 - People are encouraged to call or send in an application. They will receive assistance in determining eligibility.

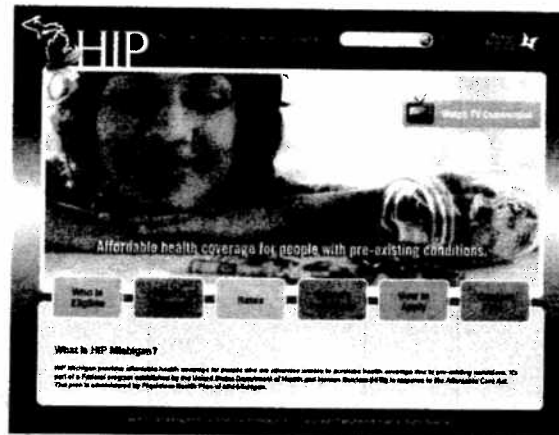


Third Party Premium Payments

- Third Party payment of HRPP premiums is permitted in Michigan through the PHP agreement with OFIR and HHS
- Any third-party payment of HIP Michigan premiums for an individual must be made with the understanding that the individual is not required to obtain health services from any medical provider that may have contributed to the premium fund

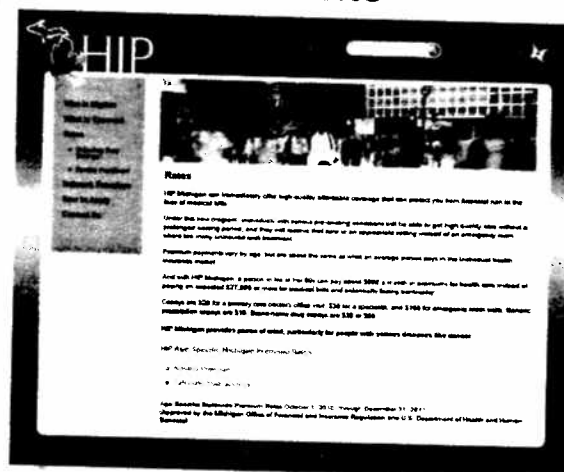
 HIP

Web Site





Web Site





Rates

AGE	MONTHLY PREMIUM
0-18	\$121.65
19-24	\$181.90
25-29	\$280.00
30-34	\$375.00
35-39	\$500.00
40-44	\$725.00
45-49	\$750.00
50-54	\$1,147.00
55-59	\$1,503.27
60+	\$1,680.00

Age-Specific, Statewide Premium Rates October 1, 2010 through December 31, 2011
(Approved by the Michigan Office of Financial and Insurance Regulation and U.S. Department of Health and Human Services)

Notes:

- Initial rates are based on age at the time of enrollment.
- A change in rate based on reaching an age in a higher band will take effect the first day of the month following the birth date that caused the change in age band.
- Annual premium changes will take place at the beginning of the calendar year. Subscribers will receive written notice of any annual change in premium at least 31 days prior to the effective date of the change.